| - | PATENT | ECC | Application or Docket Number 10/531508 | | | | | | | | |
|--|--|---|--|--|------------------------------------|----|--|------------------------|----|------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY | | | | |
| U.S. NATIONAL STAGE FEES | | | | | | 1 | RATE | FEE | | RATE ' | FEE |
| BASI | C FEE | · | SMALL ENT. = \$ 150 | SMALL ENT. = \$ 150 LARGE ENT. = \$ 30 | | 1 | BASIC FEE | | OR | BASIC FEE | 300 |
| EXAMINATION FEE | | | Setisfies PCT Article 33(1)- All other situations (4) = \$50/\$100 \$100/\$200 | | |] | EXAM. FEE | | | EXAM. FEE | 200 |
| SEARCH FEE | | | | | ner situations = 3 250 / \$ 500 | | SEARCH FEE | | | SEARCH FEE | 400 |
| FEE FOR EXTRA SPEC. PGS. | | | minus 100 | | / 50 = | | X \$ 125 = | | | X \$ 250 = | |
| TOTAL CHARGEABLE CLAIMS | | | 28 minus 20 | = . | 8 | | X \$ 25 = | | OR | X \$ 50 = | 48 |
| INDEPENDENT CLAIMS | | | 7 minus 3 | = . | 4 | | X \$ 100 = | | OR | X \$ 200 = | 800 |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | | | | | +\$ 180= | | OR | + \$ 360 = | |
| - If | * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | | OR | TOTAL | 2100 |
| | CLAIMS AS AMENDED - PART II | | | | | | SMALL E | NTITY | OR | OTHER SMALL E | THAN |
| 7.A | 4-1405 | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PRESENT PREVIOUSLY EXTRA PAID FOR | | | | RATE | ADDI- TIONAL FEE | ľ | RATE | ADDI- TIONAL FEE |
| AMENDMENT | Total | . 28 | Minus ** | 28 | - 8 | 1 | X \$ 25 = | | OR | X \$ 50 = | 400 |
| MEN | Independent | . 7 | Minus ••• | 1. | - 4 |] | X \$ 100 = | / | OR | X \$ 200 = | 800 |
| | FIRST PRES | |] : | + \$ 180 = | | OR | +/\$ 35P | | | | |
| TOTAL ADDIT. FEE OR TOTAL ABDIT. FEE | | | | | | | | | | | |
| <u> </u> | | Célumin 1) CLAIMS REMAINING AFTER AMENDMENT | PR | iciumn 2) IIGHEST IUMBER EVIOUSLY PAID FOR | PRESENT EXTRA | ĺ | RATE | ADDI- TIONAL FEE | r | RATE | ADDI- FEE |
| OMEN | Total | . 24 | Minus . ** | 28 | . ~ | 7 | X \$ 25 = | | OR | X \$ 50 | |
| AMENDMENT | Independent | . 7 | Minus | 7_ | | 7 | X \$ 100 = | | OR | x \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | |] | +\$ 180 | | OR | | |
| TOTAL AUDIT. OR OR FEE | | | | | | | | | | | L |
| * If the entry in column 1 is less than the entry in column 2, write "O" in column 3. | | | | | | | | | | | |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | |